

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | E.H | | |
| O.I.P.E. CLASSIFIER | | 48 | 02-18-01 |
| FORMALITY REVIEW | TT | | 7/30/01 |
| RESPONSE FORMALITY REVIEW | AM | 1112 | 8/27/01 |
| | | 917 | 03-20-02 |

INDEX OF CLAIMS

| | | | |
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| ✓ | Rejected | N | Non-elected |
| | Allowed | I | Interference |
| + | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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204
08/27
JC4.925
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03-20-02